

EFF. 09/01/13

**LAMERS BUS LINES, INC. - ACCIDENT REPORT**

- 1) Procedure - Reporting claims to **PROTECTIVE INSURANCE CO.** - Policy **TD000057**  
 2) Fax to **317-636-3483** Attach FAX receipt for record - **PROTECTIVE** will fax a **CLAIM #**  
 3) Phones **1-800-218-7026** -24/7 \* After hours hotline - **800-218-7026**

TERMINAL # \_\_\_\_\_

Call when you feel an explanation is necessary or a potential serious accident occurs

4) LBL MGR Reporting Accident **ED SHONICK** Direct Ext. **10119** Date Reported **2-16-15**  
 Lamers Phone: 920-496-3600 or 1-800-236-1240 Lamers FAX: 920-496-3611

DRIVER NAME: **ROBERT MOHR** Employee # **8229** Social Security # **394-50-7516**  
 Driver Address **280 AVERAUX DR #2 LUXEMBURG, VA** Date of Birth **10-4-58**

Driver License # \_\_\_\_\_ Date of Employment **8-11**  
 Driver performing school bus route? **(NO)** YES - If yes what is route # \_\_\_\_\_ Charter Trip- quote # **880724**

Driver Phone # **920-327-3985** Is driver D.O.T. qualified at time of accident? **(YES)** / NO  
 Was the driver or passengers on the bus injured? **YES** Total # of passengers **45**

Names of Injured / Address / Phone # (attach sheet if necessary)  
**KAT SBIERS - 630-746-4657 - TEACHER AT SANDWICH MIDDLE SCHOOL**

**KATHIE & HER 8TH GRADE DAUGHTER WAS ON BUS.**  
 If injured, did the driver or passengers receive IMMEDIATE TREATMENT away from the scene? YES / NO

Extent of the Injury?  
 Name of the Hospital and Hospital Location:

FLEET # **745** **COACH** / SCHOOL BUS (circle one)  
 If other, list vehicle type \_\_\_\_\_ VIN # **2PCH3349811014142**

Bus Make / Year **2002 PRV** License Plate **44848B** Estimated damage to Bus \$ **NONE**  
 What parts were damaged? **NA** Bus required to be TOWED AWAY? YES / **(NO)**

Other Vehicle Driver's Name: **NA** Phone # \_\_\_\_\_  
 Address of Other Driver: \_\_\_\_\_  
 Driver's Insurance Co. (Name and Address) (use back of form if necessary)

Names of passengers in Other Vehicle:

Other Driver's Vehicle Type: \_\_\_\_\_ Year of Vehicle: \_\_\_\_\_ License Plate: \_\_\_\_\_ State: \_\_\_\_\_  
 Damage to Other Vehicle: \_\_\_\_\_ Est. Repair Cost \$ \_\_\_\_\_ TOWED? YES / NO

Occupants in Other Vehicle Injured: \_\_\_\_\_  
 Did the driver or passengers receive IMMEDIATE TREATMENT away from the scene? YES / NO

Witnesses Names and addresses (use back if needed):  
**CHARLES RHODES - 630-388-8945?**  
**630-388-8946?**

Date of Accident: **2-15-15** Time: **7:00 AM** / (PM) Exact Location: **ANNADALE, VA**  
 Description of Accident (Attach sheet fully explaining!)

**PULLED OUT OF RESTAURANT AND TRAVELLED A FEW BLOCKS, WE WERE STOPPED  
 DOWN FOR A RED LIGHT - NORMAL STOP - SMALL LADY - WEARING PLAT SHOES - FELL**

What Police Department responded to call?: **DOWN IN THE STAIRWELL - SHE GOT UP BY HERSELF**  
 Was anyone cited? \_\_\_\_\_ Who? \_\_\_\_\_ Protective want driver to call? **(YES)** / NO

**IMPORTANT: IF OUR DRIVER WAS TICKETED AND EITHER VEHICLE IS TOWED  
 OR IMMEDIATE TREATMENT AWAY FROM SCENE - DRIVER MUST BE DRUG  
 TESTED AND ALCOHOL TESTED. ALCOHOL MUST BE DONE WITHIN 2 HOURS.**

\*\*\*\*\* GET A COMPLETE LIST OF NAMES AND ADDRESSES OF PASSENGERS ON YOUR

EXHIBIT

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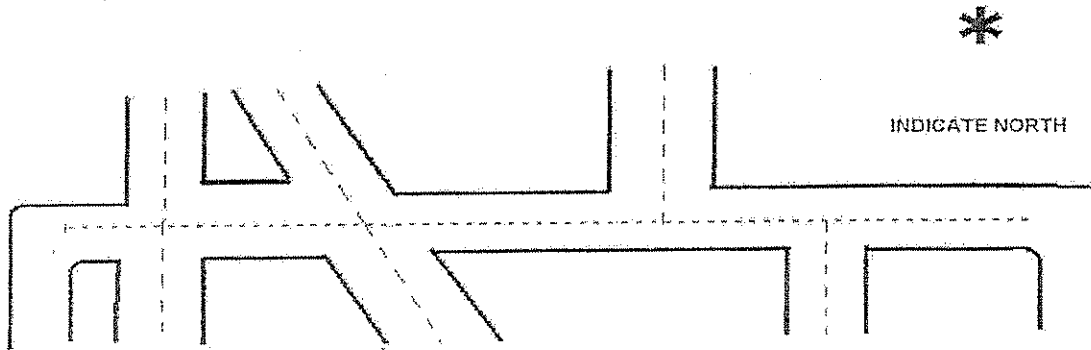
PLEASE DIAGRAM HOW THE ACCIDENT HAPPENED:

SYMBOLS

- Show directions and positions of all vehicles involved
- Designate the point of contact
- Indicate location of any pedestrians
- Indicate location of any traffic control devices

- Your vehicle
- ⇒ Vehicle #2
- ▶ Vehicle #3
- Write in street names

- + Pedestrian
- x Point of contact
- \* Traffic control device



Weather: ☐ Clear ☐ Cloudy ☐ Fog ☐ Rain ☐ Sleet ☐ Wind ☐ Other \_\_\_\_\_

Lighting: ☐ Daylight ☐ Dark ☐ Dusk ☐ Dawn ☐ Dark-no street lights ☐ Dark-no street lights on

Road Surface: ☐ Dry ☐ Wet ☐ Muddy ☐ Snowy ☐ Snow covered ☐ Ice in places ☐ Ice covered ☐ Other

Road Description: Straight Curve Level Downgrade Upgrade Paved Unpaved  
 One way 2 lanes Two way 3 lanes Divided road Intersection

If slip and fall: (Inside bus) } Floor condition: Dry Wet Icy Other  
 Step-well condition: All handles attached tightly? Yes/ No Where they used? Yes/ No  
 Passenger condition: hands free or carrying something? Hands Free / Hands Full

Description of Accident: AND RETURNED TO HER SEAT. STILL STOPPED AND ASKED  
 HER HOW SHE WAS. AN RN ON BOBS WAS CHECKING HER OUT. CHARLES  
 TALKED TO WOULD STRIERS & THEY DECIDED SHE NEEDED TO BE CHECKED OUT.  
 OUR BUS TOOK HER TO FREDERICK MEMORIAL HOSPITAL - 400 W 7TH ST.  
 240-SUB-3300 - LATER SHE WAS AIR LIFTED TO UNIVERSITY OF MARYLAND  
 TRAUMA CENTER.

Managers Signature Ed Shoni

Date: 2.16.15